



Madison County EMS



RSI Guideline

Requirements for RSI Release

1. Current NREMT-P certification, preferably CCEMT-P, with training by OMD
2. Written approval by MEMS OMD
3. There will be 100% QA review of patient encounters.

Maintenance of RSI Certification

1. RSI recertification annually, documented appropriately with OMD or designee
 - a. Includes practical demonstration/scenarios
 - b. May include pharmacology quiz or written test
 - c. May include required reading on which (b) may be based.
2. Continued approval of MEMS OMD

Indications for RSI (RSI may be done under standing orders)

1. Age 18 or over. **Medical command** is required for patients under 18 years of age.
2. Need for intubation:
 - a. Burns with suspected significant inhalation injury
 - b. GCS <8 related to traumatic injury
 - c. Acute or impending airway loss
 - d. Acute or impending respiratory failure
3. No known contraindication to RSI drugs
4. Second provider on scene who is cleared to perform intubation
5. RSI Medications will only be pushed by RSI released provider

Procedure

1. **Preparation:**
 - a. Monitoring: continuous (pre- and post-intubation) ECG, SpO2, BP, ETCO2
 - b. Functional laryngoscope and BVM with high-flow oxygen
 - c. Endotracheal tube(s), stylet, 10 cc syringe, bougie
 - d. Alternative airway interventions (LMA, king or combitube, cricthyrotomy kit or quick-trach) available
 - e. All medications drawn up and labeled
 - f. Patent IV/IO
 - g. Assess for difficult intubation: LEMON
 - h. Suction on and ready
 - i. Tube confirmation equipment available
2. **Preoxygenation**
 - a. Should occur by either (in order of clinical preference, clinical presentation permitting):
 - i. 100% oxygen for 5 minutes
 - ii. 8 vital capacity (deep) breaths on 100% O2
 - iii. BVM with 100% O2 (should minimize due to risk of gastric distention)
3. **Pretreatment**
 - a. Begin Sellick's maneuver (cricoid pressure)



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4. Paralysis and Induction

- a. **Etomidate 0.3 mg/kg**
- b. **Succinylcholine 1.5 mg/kg**

****contraindicated** with burns >24 hrs old, crush injury >72 hrs old, denervation process (ex: para/quadruplegia), or risk of hyperkalemia (ex: ESRD)**

5. Protection

- a. Continue Sellick's maneuver: hold from pretreatment through proof of proper airway placement.

6. Placement with Proof

- a. Place ETT, confirm with 4 methods:
 - i. Breath sounds auscultated over lungs, no gastric sounds
 - ii. End-tidal CO₂ cap color change and proper ETCO₂ waveform
 - iii. Oxygen saturations maintained >95% at 1 min and 5 min
 - iv. Secure endotracheal tube/airway device, note position

7. Post-intubation Management

- a. **Midazolam 0.1 mg/kg PRN** for sedation in medical patients with SBP >100 and/or **Fentanyl 2 mcg/kg initially, 0.5-1.0 mcg/kg q15 minutes** thereafter, titrating to airway status, level of sedation, and SBP >90.
- b. **Vecuronium 0.1 mg/kg PRN** in addition to above medications for control of excessive patient movement or difficulty ventilating not corrected by sedation and pain management.
- c. Reassess ET tube depth, breath sounds, and waveform ETCO₂ after patient transfer
- d. Document waveform and ETCO₂ value after transfer of care to receiving facility or personnel; leave a copy of printed waveform with documentation and keep one for original documentation.